Casesender: complete this se	-Pagument 3	COMPLETE THIS SECTION ON DELIV	age 1 of 1
CGC SENDER. COMPETE I HIS SE		COMPETE THIS SECTION ON DELIV	280
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	
Americus C.	Mitchell		
1515 Fox Rid	ge Road		
1515 Fox Ridg	36027		ot for Merchandise
\mathcal{A}_{-1}	1.12	☐ Insured Mail ☐ C.O.D.	
	CV.3	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7005 25	70 0001 8873 0487	_
PS Form 3811, February 2004	Domestic Ret	urn Receipt	102595-02-M-1540

102595-02-M-1540